

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County

State

District or Township

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date
of birth

Month Day Year

8.

FATHER

Full name

14.

MOTHER

Full maiden name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

16. Color or race

17. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 2:55 P.M. on the date above stated.

Signature

(Physician or midwife.)

Given name added from
a supplemental report

Month, day, year

Address

Filed

1929

Registrar

Registrar

455-902-353